

SCAPPOOSE SCHOOL DISTRICT 1J - TIME SHEET FOR CERTIFIED NON CONTRACTED TIME

Employee Name: _____

School: _____

Position: _____

Hours Per Day: _____

Month _____

Date	Hours worked	Reason required for extra pay	Grant account code (to be filled in by supervisor)
<i>Example</i>	<i>2.25</i>	<i>Safety Care Training</i>	<i>217.2240.0122.600.320</i>
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**Hours worked in quarter hour increments*

Employee Signature: _____

Supervisor Signature: _____

Payroll Only
Total Hours: